

Joint Committee on Performance Evaluation and Expenditure Review
PEER Committee



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James A. Barber
Executive Director

www.peer.ms.gov

APPOINTEE BACKGROUND CHECK
AUTHORITY FOR RELEASE OF INFORMATION

FULL LEGAL NAME _____
(Last) (First) (Middle) (Maiden)

S.S. NUMBER _____ - _____ - _____ DATE OF BIRTH _____ / _____ / _____
(Mo) (Day) (Year)

RACE _____ SEX _____ HOME PHONE (_____) _____ - _____

HOME ADDRESS _____
(Street)

(City) (State) (Zip Code)

COUNTY OF RESIDENCE _____

I respectfully request and authorize the release to the Mississippi Joint Legislative PEER Committee from any law enforcement agency; federal or state agency, governing authority, municipality and/or county; private employer or business entity; bank or financial institution; college or educational institution; professional or occupational association; or any individual who may have personal or professional knowledge of my professional, business, educational, or other activities, of any and all information concerning any criminal, occupational, academic, or military record, and of any non-criminal, financial, academic or other information that might assist in determining my qualifications and fitness for the position I am seeking or to which I have been appointed with the State of Mississippi. I hereby release the furnishing organization or individual from any liability for the release of the information requested above.

Appointee's Signature Date

AFFIDAVIT

STATE OF MISSISSIPPI County of _____

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Notary Public